

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10-608-198**  
APPLICANT(S)

FILING DATE **06-30-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
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28		1				
29		1				
30		1				
31		1				
32		2				
33		1				
34		1				
35		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	38					
TOTAL CLAIMS	40					

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